

Washington State Department Of Agriculture Organic Food Program (360) 902-1805 organic@agr.wa.gov

European Organic Verification Program Handler Supplier Form

BUSINESS NAME:								
WSDA ORGANIC CERTIFICATION NUMBER (RENEWAL APPLICANTS ONLY):		COUNTY WHERE BUSINESS IS LOCATED:		LOCATED:	STATE WHERE BUSINESS IS LOCATED:			
Are the products you wish to have WSDA Organic Handler Certificat	erification Pro	gram on your	current	☐ Yes	□ No			
Do you plan on shipping a retail package or a wholesale package to Union?			the European		ckage	kage		
Has the export label for this produ	e for reviev	w?						
3a. If "No," please attach a copy of the label and submit it with your application.								
4. Please complete the below table regarding each organic product or crop variety you would like certified under the European Program.								
Please attach a separate sheet of paper if necessary.								
Organic Product *Please indicate variety of fruits or vegetables if applicable.	Producer or Supplier of Organic Product		Certifying Agency of Organic Product *Please indicate the certification number of the producer for all WSDA		veri EE Ba	Do you have documentation verifying compliance with EEC 2092/91 and IFOAM Basic Standards for this specific product?		
			certified products.			Yes or No		
		-						
5. If you answered "No" to any of the	above questions regarding d	OCUMentat	ion. nlease ev	plain vour pla	n to obtain	the required		
documentation:	2. 0 quoduono regalullig (IUII(d	, prodoc EX	oui pid بانجام.	🔾 UDIAIII	royulidu		

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